ELECTED MEMBER BRIEFING NOTE

Taking a trauma-informed lens to Scotland’s COVID-19 recovery, renewal and transformation
The Improvement Service (IS) has developed an Elected Members Briefing Series to help elected members keep pace with key issues affecting local government.

Some briefing notes will be directly produced by IS staff but we will also make available material from as wide a range of public bodies, commentators and observers of public services as possible.

We will use the IS website and elected member e-bulletin to publicise and provide access to the briefing notes. All briefing notes in the series can be accessed at www.improvementservice.org.uk/products-and-services/skills-and-development/elected-members-development/elected-member-guidance-and-briefings

About this briefing note

This briefing aims to raise awareness of the impact of psychological trauma on individuals and communities. This issue is particularly important in the current environment with evidence showing that COVID-19, and the restrictions put in place to contain the virus, have both significantly increased the risk of people experiencing trauma and re-traumatisation, and reduced access to positive, social support which is a key predictor of recovery.

This briefing highlights how adopting a trauma-informed approach to Scotland’s COVID-19 recovery, renewal and transformation agenda can support key priorities in building back better, including improving outcomes for vulnerable people and communities affected by trauma and supporting workforce wellbeing and resilience.
What is the issue and why does it matter?

What is trauma?

It is estimated that around 60% of the UK population has experienced psychological trauma in their lifetime. For more vulnerable groups, including people in in-patient mental health, drug and alcohol services and the justice system, the prevalence is even higher. Trauma is often defined as “an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening”.

This could be a single incident such as rape, suicide and sudden bereavement or a serious accident, or complex trauma that takes place over a prolonged period of time, such as child abuse, human trafficking or different forms of violence against women, including domestic abuse.

Although many people show remarkable resilience, it remains a fact that people who experience trauma are at higher risk of experiencing negative outcomes at all stages of their lives (see Fig. 1 below). As Public Health Scotland has highlighted, adverse childhood experiences (ACEs), such as domestic abuse, neglect and parents’ problem alcohol/drug use, can have a significant impact on children’s health and social outcomes later in life.

The 2019 Scottish Public Health Survey found that just over one in seven adults reported four or more ACEs.

The Independent Care Review findings highlight the traumatic experiences of many of the 15,000 children in Scotland’s care system, and evidence shows that care-experienced children are more likely to experience poorer outcomes across health, education and employment, compared to non-care-experienced children.

Recent research, such as the Hard Edges Scotland report, found that severe and multiple disadvantage experienced in adulthood, such as problem alcohol/drug use, offending and homelessness, often has roots in childhood trauma and adversity, estimating that 226,000 people in Scotland have experienced two of these disadvantages in their lives largely as a result of earlier trauma.

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1 Substance Abuse and Mental Health Administration (SAMSHA) (2014) Concept of Trauma and Guidance for a Trauma Informed Approach SAMSHA Trauma and Justice Strategic Initiative July 2014. U.S. Department of Health and Human Services, office of policy, Planning and Innovation.
2 http://www.healthscotland.scot/publications/ending-childhood-adversity-a-public-health-approach
5 https://www.whocaresscotland.org/who-we-are/media-centre/statistics/
Fig. 1: The impact of trauma on an individual’s outcomes (NHS Education for Scotland)

Trauma and COVID-19

Responding to trauma is, now more than ever, a public health priority. COVID-19 and the restrictions put in place to contain the virus have significantly increased the risk of people experiencing trauma and re-traumatisation. This includes people living with domestic abuse or child abuse during lockdown, facing poverty, financial hardship and unemployment, facing severe/chronic illness, and suicide and sudden bereavement. For the Scottish workforce, particularly those in key frontline roles, the risk of potentially traumatising experiences during the pandemic has also increased, as has the likelihood of chronic stress and burnout.

COSLA’s Blueprint for Scottish Local Government recognises that groups “facing poverty, inequality and other social harms have felt the impact of the pandemic more than others” and that there is need to support the “realisation of human rights, tackling poverty and addressing intersectional inequalities” as we look towards recovery.7

What does good practice look like in this area?

What does a trauma-informed approach look like?

There is growing evidence that trauma-informed systems and practice, where the impact of trauma on those affected is understood by staff, and systems are adapted accordingly, can result in better outcomes for people affected by trauma. Learning from Scottish and international organisations and local areas that have implemented a trauma-informed approach highlights several key drivers for success, including:

**Taking a joined-up approach**

A trauma-informed approach is made up of many different components, but at its heart is the recognition that everyone has a role to play in tackling the causes and impact of trauma, and in improving the outcomes of people affected by trauma. Joined-up, multi-agency working is vital as this ensures a consistent approach is taken across organisations in responding to trauma, providing a shared language and understanding for leaders, the workforce and people affected by trauma.

**Developing trauma-informed leadership**

Leaders and decision-makers have a vital role to play in championing a trauma-informed approach and embodying trauma-informed principles. It is crucial that leaders and decision-makers communicate their commitment to supporting those affected by trauma in their communities and workforces. Actions to support this may include ensuring a trauma-informed approach is embedded and prioritised at a senior level across different community planning agendas and COVID-19 recovery and renewal plans.

**Strengthening workforce knowledge and skills**

Evidence shows that a workforce that understands the prevalence and impact of trauma is more capable of responding to people affected by trauma and adversity. People who have experienced trauma highlight that the most important part of their recovery was developing a safe and trusting relationship with a worker and that this made them more likely to seek further support. A trauma-informed workforce attempts to minimise the barriers to receiving care, recognising that systems and services often find it hard to engage with people affected by trauma in a person-centred way,

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9 More information on Scottish Trauma-Informed Leadership Training can be found here: [http://transformingpsychologicaltrauma.scot/trauma-informed-organisations/](http://transformingpsychologicaltrauma.scot/trauma-informed-organisations/)
particularly if those systems and services contribute to an individual’s re-traumatisation (for example, if they don’t feel listened to or have to repeat their traumatic story multiple times to different people). Increased access to and engagement with trauma-informed services will likely lead to improved outcomes for people affected by trauma.

**Supporting workforce wellbeing**

A trauma-informed approach also understands how trauma affects the workforce can help to improve staff morale, resilience and wellbeing and decrease stress, burnout and re-traumatisation. Not every individual in the workforce needs to be able to treat trauma or be an expert, but a trauma-informed workforce ensures that everyone has the knowledge, skills and confidence to respond to trauma appropriately and effectively, in turn helping staff feel safe and supported. With increased levels of trauma and existing trauma exacerbated during COVID-19, both staff wellbeing and the workforce’s ability to respond appropriately to trauma are central to Scotland’s recovery and renewal.

**Using existing resources and support**

The [National Trauma Training Programme](https://www.gov.scot/organisations/nhs-education-scotland), led by NHS Education for Scotland, has created a framework and plan for developing Scotland’s trauma-informed workforce. This includes a skills framework, training resources, practical guidance, and planning and evaluation tools, including a short animation, “Opening Doors”, that explains why tackling trauma is everybody’s business. Drawing on these resources can support organisations to ensure their workforce has the skills, knowledge and confidence to respond safely and appropriately to trauma, and that support structures are in place to strengthen staff wellbeing.

**Engaging with people with lived experience**

Experts and people affected by trauma agree that it is imperative that individuals affected by trauma have a say in how services are designed, in order to help decision-makers and commissioners understand what helps people engage with services and what helps in their recovery. It is important for decision-makers to consider how this can be done safely and effectively.

**Collecting data and information**

It is vital that local authorities and community planning partners collect appropriate data about access to and experience of services and outcomes for service users within their local communities. This will help build a local and national picture of the barriers to accessing services, the impact of trauma on outcomes and the gaps, challenges and good practice in services’ response to trauma.
What does this mean for elected members?

Elected members have a key role to play in championing a trauma-informed approach and in ensuring your local area takes a trauma-informed lens to local COVID-19 recovery and renewal planning (more information on how to do this is below).

1. It is difficult to estimate the financial costs of psychological trauma, given that it is often hidden, underreported and misunderstood. However, it is estimated that as much as 40% of spending on all public services is accounted for by interventions that could have been avoided by prioritising a preventative approach. We know that trauma impacts on outcomes across mental and physical health, education and employment, and we know that trauma and vicarious trauma can cause chronic stress and burnout across the workforce, and that this will translate into costs incurred at a local level.

2. Many people you have been elected to represent will have been affected by trauma, and, for many, this will have been exacerbated by COVID-19. It is vital that those with a platform advocate for approaches that will increase people’s access to support, improve outcomes and strengthen people’s ability to participate in community planning for recovery and renewal.

3. Elected members have statutory responsibilities to tackle both the causes of trauma and the inequalities that arise because of trauma and adversity, under Human Rights legislation, the Equality Act (2010) and the Children and Young People (Scotland) Act (2014). The Scottish Government has committed to implementing the United Nations Convention on the Rights of the Child (UNCRC) into Scots law, which states that children have the right to recovery from trauma and the opportunity to develop to their full potential. The NHS Charter of Patient Rights and Responsibilities states that patients can expect to receive care that follows trauma-informed principles. In your role providing local scrutiny and governance, you have a key responsibility to help protect and support those affected by trauma.

4. Mental health and wellbeing have been identified as a key priority for COVID-19 recovery, including in local recovery, renewal and transformation plans and the 2020-21 Programme for Government. You are responsible for directing your area’s strategic approach and in ensuring a joined-up, collaborative approach is taken so that your local area’s COVID-19 Recovery Group/Board, Community Planning Partnership and Integration Authority:

i) Take a trauma-informed lens to their local COVID-19 recovery and renewal planning (more information below); and

ii) Commit to embedding a long-term trauma-informed approach across systems, services and workforces.
Key issues to consider

How can taking a trauma-informed lens support local COVID-19 recovery and renewal?

There is growing national and international evidence that embedding a trauma-informed approach in the remobilisation of services, systems and workforces can support Scotland’s long-term recovery and renewal.

A key action for elected members is to champion taking a trauma-informed lens to local COVID-19 recovery and renewal planning. Taking a trauma-informed lens to your area’s COVID-19 recovery and renewal planning means assessing the impact of trauma on vulnerable communities in your local area and considering how a trauma-informed approach can support key priorities as we build back better, particularly those focusing on workforce resilience, service redesign, prevention and early intervention and supporting vulnerable communities.13

To take a trauma-informed lens to your local recovery and renewal planning, it may be helpful for elected members to consider and ask the following questions:

1. Impact of trauma

To what extent does local planning recognise the widespread prevalence and impact of trauma on individuals and communities, both from COVID-19 and other causes?

2. Leadership

To what extent is a trauma-informed approach being championed and embedded as part of local recovery and renewal planning?

3. Workforce wellbeing

To what extent does local planning identify the impact of trauma on the local workforce? To what extent does local planning aim to support ongoing and future workforce wellbeing to strengthen resilience and decrease levels of burnout, chronic stress and re-traumatisation?

4. **Workforce knowledge and skills**

To what extent does local planning address workforce knowledge, skills and training needs around trauma that can both support service users and strengthen workforce capacity and capability?

5. **The voice of lived experience**

To what extent does local planning highlight the importance of contributions of people affected by trauma to priorities such as service redesign? How can people affected by trauma be involved in the continued development and delivery of local recovery and renewal priorities?

6. **Data and evaluation**

To what extent does local planning prioritise drawing on information and data about service experience and outcomes for service users to drive and sustain trauma-informed practice and services as part of long-term recovery?
Further support and contacts

**Improvement Service**

The go-to organisation for Local Government improvement in Scotland. Please contact vaw@improvementservice.org.uk for more information on support available for elected members, local authorities and other community planning partners on adopting a trauma-informed approach.

**NHS Education for Scotland**

A special health board responsible for supporting NHS services in Scotland by developing and delivering education and training for those who work in NHS Scotland. Please visit http://transformingpsychologicaltrauma.scot/trauma-informed-organisations/ to find out more about the National Trauma Training Programme.
The ‘go to’ organisation for Local Government improvement in Scotland

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